conception, and for regulation of pre-natal diagnostic techniques for the purpose of detecting certain abnormalities and for the prevention of their misuse for sex determination leading to female foeticide; and for the matters connected therewith. The Implementation of the Act rests with the States and Union Territories through the Appropriate Authorities appointed under the Act at State, District as well as Sub-district levels. The violators of the Act are punishable with imprisonment upto 5 years and fine upto Rs. 5 lakhs, alongwith cancellation of registration of the licence. By the end of February, 2005,25770 Units have been registered in the country. There are 300'ongoing Court/Police Cases and 33 machines seized/sealed. Out of the total of 300 violations, 214 relate to non-registration, 10 relate to non-maintenance of records, 24 against communication of the sex of the foetus and the remaining are for other violations of the Act. This sends a signal to the society at large, and females in particular, that gender-based discrimination shall not be tolerated.

(c) and (d) No, Sir. It is, nevertheless, recognized that mere PC & PNDT Act is not enough to deal with the problem that has roots in social behaviour and prejudices. Various activities have been undertaken to create awareness against the practice of pre-natal determination of sex and female foeticide through Radio, Television and print media units. Workshops and seminars have also been organized at State/regional/district/block levels to create awareness against this social evil. Cooperation has also been sought from religious leaders, as well as medical fraternity to curb this practice. The Government of India has launched 'Save the Girl Child Campaign' with a view to lessen son preference by highlighting achievements of young girls. For 2003-04, Ms. Sania Mirza, player, and for 2004-05, Ms. Aruna Kesvan, CBSE topper, were appointed as Brand Ambassador for the Campaign.

Mashelkar Committee on drug prices

*257. SHRI GIREESH KUMAR SANGHI: Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) the major recommendation of Mashelkar Committee on drug prices;

(b) the details of the recommendations implemented by Government;

(c) whether Government are keeping a tab of the price structure of drugs;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF CHEMICALS AND FERTILIZERS (SHRI RAM VILAS PASWAN): (a) and (b) The Pharmaceutical Research and Development Committee (PRDC) was constituted in March, 1999 under the Chairmanship of Dr. R.A. Mashelkar, Director General, CSIR to recommend measures to strengthen the research and development capability of the pharmaceutical industry in India and to identify the support required by Indian Pharmaceutical companies to undertake domestic Research and Development. This Committee was not set up for drug prices. The Committee has submitted its report to the Government which has been taken into account while formulating the Pharmaceutical Police 2002.

(c) to (e) The 74 bulk drugs specified in the First Schedule of the Drugs (Prices Control) Order, 1995 (DPCO, 95) and the formulations based thereon are under price control and their prices are fixed/revised by the national Pharmaceutical Pricing Authority (NPPA) in accordance with the provisions of the DPCO, 95. These drugs have been identified for inclusion under prices control in the DPCO, 95 on the basis of criteria mentioned in the 'Modifications in Drug Policy, 1986', announced in September, 1994. These criteria take into account the extent of usage and the market competition of various drugs.

Prices of non-Scheduled formulations are fixed by the manufacturers themselves keeping in view the various factors like cost of production, marketing/selling expenses, R&D expenses, trade commission, market competition, product innovation, product quality etc., The NPPA monitors the prices of medicines as per monthly Retail Audit Reports of ORG-IMS Research Pvt. Ltd. The Government takes corrective measure where the public interest is found to be adversely affected.

Private diagnostic labs at Safdarjung Hospital

*258. SHRI B.J. PANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that Safdarjung Hospital in Delhi has become a hub of private diagnostic labs;

(b) whether reports have come in that a majority of tests are done by these private labs in a very organised manner; and

(c) if so, the action plan of Government to control this menace?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) It is not correct to say that the Safdarjung Hospital has